

No. 300  
10-48

FILED JUN 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21135**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3044** Registrar's No. **133**

1. PLACE OF DEATH a. COUNTY <b>Livingston</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Liv.</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Chillicothe</b>	c. LENGTH OF STAY (If in this place) <b>15 yrs</b>	c. CITY OR TOWN <b>Chillicothe</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1003 Jackson St.</b>		e. STREET ADDRESS (If rural, give location) <b>1003 Jackson St.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JERRY</b>	b. (Middle) <b>DAVID</b>	c. (Last) <b>WOODS.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 12 '56</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov 15, 1902</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Massour</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Massaging</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Plymouth, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>William D. Woods</b>	13b. MOTHER'S MAIDEN NAME <b>Florence E. Martin</b>	14. NAME OF HUSBAND OR WIFE <b>Doris Petersen Woods</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>500-36-2521</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Doris Woods; Chillicothe, Mo.</b>	ADDRESS
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Pancreas</b>	II. OTHER SIGNIFICANT CONDITIONS		
ANTECEDENT CAUSES	DUE TO (b)		
<i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	DUE TO (c)		
	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 1, 1956** to **June 12, 1956** that I last saw the deceased alive on **June 10, 1956** and that death occurred at **3:40 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. M. D. Dowell, M.D.</b>	23b. ADDRESS <b>Chillicothe Mo</b>	23c. DATE SIGNED <b>6-12-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 14, '56</b>	24c. NAME OF CEMETERY OR-CREMATORY <b>Rosehill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Breckenridge, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>6-12-56</b>	REGISTRAR'S SIGNATURE <b>Frances B. Neill</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>NORMAN FUNERAL HOME: Chillicothe, Mo.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

171-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Joseph M. Gibson*.....  
Licensed Embalmer No...4769..

P. O. Address *Chillicothe,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.